

REQUEST FOR THIRD LINE ANTIRETROVIRAL THERAPY

PATIENT DETAILS

Patient First Name

Patient Surname

Date of Birth
day/month/year

Patient number

Identity number

Age

Gender

M/F

Weight

BMI (kg/m²)

Height (child)

FACILITY DETAILS

Facility Name

**Doctor In Charge Of Patient/
Authorised Prescriber**

Doctor's Contact Number

Doctor's Email Address

Signature of Authorised Prescriber

Date

Past medication history:

Date started

Regimen

Reason for discontinuation

Concurrent TB therapy

Date stopped

Reason for discontinuation codes: SE = Side effect, F= Failure, FC = Formulary change, NC = Non adherent

Current Regimen

Date started

Regimen

Children: PMTCT history

Was the mother on therapy during pregnancy or breastfeeding?

What treatment did the mother take and for how long?

Was child breastfed?

Did child receive any ARV at birth/ after birth/ during breastfeeding? State ARV and duration.

Adherence in last 3 – 6 months (circle or tick answers)			
Regular clinic attendance		yes / no / unsure	
On-time pharmacy refill		yes / no/ unsure	
Correct pill counts		always / rarely / never/ not done	
Treatment partner observes taking of medication		always / rarely / never / not questioned	
Alcohol / drug abuse		yes / no / unsure	
Severe GIT or other side effects experienced		always / rarely / never / not asked	
If adherence problem, what interventions were undertaken to address the issue?			
CD 4 count		Viral load	
<i>Last 3 CD4 counts results:</i>		<i>Last 3 VL results:</i>	
Date:		%	Date:
Date:		%	Date:
Date:		%	Date:
Most recent available tests		Date	Results of Viral Resistance Test
Hb (g/dL)			Date:
ALT (U/L)			
Creatinine (µmol/L)			
Creatinine Clearance (mL/min/1.73 m²)			
White cell count (x 10⁹/L)			
Neutrophil count (x 10⁹/L)			
Hepatitis B status			
Concomitant medication and indication			
<i>Children: Is child able to swallow a tablet? y/n</i>			
Please ensure that laboratory resistance test is submitted with this form!			
<i>For office use only:</i>			
Date received:			
Recommendation:			
Date:			